



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
Division of Motor Vehicles**

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John J. Barthelmes
Commissioner of Safety

Richard C. Bailey, Jr.
Director of Motor Vehicles

APPLICATION FOR TINTED WINDOW MEDICAL WAIVER
RSA 266:58-a, III-a and Saf-C 2500

THIS APPLICATION MUST BE FILLED OUT AND SIGNED BY A MEDICAL DOCTOR

Applicant Information:

Name: _____ Date of Birth: _____

Address: _____
Street Town/City Zip

Name and Description of Medical Condition: _____

Statement of the medical necessity for how tinted windows will alleviate the medical condition:

Because of the above information, I therefore:

Recommend **Do Not Recommend** *(Please check one)*

the above named patient to have a medical waiver for tinted windows on his/her vehicle.

I certify, under the penalty of perjury, that the person whose name appears is under my treatment and care and in my professional opinion requires a medical waiver for window tinting as defined under RSA 266:58-a and Saf-C 2500.

Date

Signature of Medical Doctor

Name of Medical Doctor: _____

Name of Practice: _____

Address: _____
Street Town/City Zip Code

Telephone Number: _____